

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the requirements of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99350 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 18 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 702 S. Calver St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Evangelical Church

Date of Burial, April 19<sup>th</sup> 1887

Undertaker, H. Sander & Son Edmund Sander M. D.

Place of Business, 1700 Canton Ave Address, 403 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99357 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles J. Weber

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 70 Years, 4 Months, — Days.

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. } Single

Occupation, Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, { Give Street and Number. } 317 Park Ave

Cause of Death, { First (Primary), Second (Immediate), } Gangrene of foot Scars,

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 20 1887

{ Undertaker, A. Rosenberg Hermon Brooks M. D. Medical Attendant.

{ Place of Business, 61 Park Ave Address, 378 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Physicians is respectfully invited to the remarks below, and to fill in the blanks of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99352 Office of Registrar of Vital Statistics. Ward 5<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 18th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 51 Years, 9 Months, 16 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Liquor Dealer ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give Street and Number. } 1117 McElderry Street

Cause of Death, { First (Primary), Second (Immediate), } Dropsy

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 21<sup>st</sup>

{ Undertaker, Geo Schilling } Nicholas L. Dathine, M. D.  
Medical attendant.

{ Place of Business, 154 Maryland Ave } Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99353 Office of Registrar of Vital Statistics. Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ira N. Decker

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } 1348 N Fremont St

Cause of Death, { First (Primary), Second (Immediate), } Scald  
Septic blood poisoning

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, April 21<sup>st</sup>

{ Undertaker, B. Heale } Chas E Sattler M. D.

Medical Attendant.

{ Place of Business, 115 West St } Address, 2100 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

(17)  
1887

Permit No. 99357 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18<sup>th</sup> 1887

Full Name of Deceased, Louis Balldauf

Sex, Male or ~~Female~~

Age, 60 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~

Occupation, Carpenter at B&O Shops.

Birth Place, Germany

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, Southern Police Station

Cause of Death, Suicide by hanging-  
Asphyxia.

Duration of Last Sickness,

Place of Burial, Queenston Park.

Date of Burial, April 20

Undertaker, B. H. H. H.

Place of Business, 115 West St.

F. J. Flannery  
Coroner  
Address, 1701 Dr. Hill Ave

Residence  
Cor Jackson & Fort Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99355 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~two~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Dressell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 6 Months,    Days.

Color, white

Married, Single, Wid~~ow~~ or Wid~~ow~~er, { Cross out the words not required in this line. } Single

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. }   

Duration of Residence in the City of Baltimore,   

Place of Death, { Give Street and Number. } No 438 Cross St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, April 21

{ Undertaker, B. Hall } J. C. Burch M. D.

Medical Attendant.

{ Place of Business, 115 West St } Address, 511 Harmon St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Physicians is respectfully invited to the Registrar below, and to use of this Certificate.

Health Department, City of Baltimore.

Permit No. 99356 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 38 ? Years, Months, Days.

Color, Ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, 15

Place of Death, { Give Street and Number. } 15<sup>th</sup> Jordan Aly - Jordan Alley

Cause of Death, { First (Primary), Typhoid Fever }  
{ Second (Immediate), }

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 21<sup>st</sup> 1887

{ Undertaker, Wm. J. Gray } R. Winslow M. D.  
Medical Attendant.

{ Place of Business, 219 N. Holliday St } Address, 412 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the following, and to the fact that this Certificate is required for the burial of the deceased.

# Health Department, City of Baltimore.

Permit No. 99357 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup> 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19th 1887

Full Name of Deceased, Amelia Estor  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Female, Cross out the word not required in this line.

Age, 69 Years, White Months, — Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Butterick's

Birth Place, Long in the United States, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life time

Place of Death, 2209 Cambridge St, Give Street and Number.

Cause of Death, Cerebral Erysipelas, First (Primary), Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Apr. 20th 87

Undertaker, G. France

Place of Business, 2826 E. 1st St

Medical Attendant, E. J. Williams M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99358 Office of Registrar of Vital Statistics. Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th April 1887.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emory Ulbrick.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 11 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, \_\_\_\_\_

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give Street and Number.} S. Register Street 212.

Cause of Death, {First (Primary), Second (Immediate),} 1 Cyanoche laryngea 6 days

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 20 1887

{ Undertaker, G. Franer } William Hearn M. D. Medical Attendant.

{ Place of Business, J. Fank & Wolf } Address, S. Wolpert. 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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**SECTION 2.** *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]